



BUDGET AND FINANCE DEPARTMENT

UTILITIES CUSTOMER SERVICE

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314

PHONE: 954.797.1065 • FAX: 954.797.1049 • WWW.DAVIE-FL.GOV

EMAIL: UTILITIES@DAVIE-FL.GOV

Water/Sewer Billing Adjustment Request Form

Request Date: _____

Date Issue was repaired: _____

Customer Account Number: _____

Customer Name: _____

Service Address: _____

Phone Number: _____

E-mail address: _____

☐ Check this box if you would like an email informing you that the adjustment has been completed

Please adjust my utility bill. I have placed an "x" next to the applicable reason(s) and provided additional information as indicated:

☐ Repaired a leak in swimming pool

☐ Filled swimming pool

☐ Repaired a broken water line/other

☐ Toilet leak

☐ Other

Please explain: _____

☐ I understand that I am still responsible for ALL of the water that went through the water meter at the adjusted rate (Adjustments can only be done for up to two (2) months of high usage). I will contact the Customer Service Office if I need to set up a payment plan after I receive my adjustment on my bill.

******(If this box is not initialed you will **NOT** receive an adjustment)

Print Name: _____ Signature: _____

****Please attach the repair bill or receipt(s) for the repairs. *This information is required.* If you do not have a receipt or bill, please explain why:** _____

Completed forms should be returned to Utilities Customer Service via e-mail, utilities@davie-fl.gov or fax, (954) 797-1049.

If you are eligible for an adjustment, it will be reflected on a billing statement soon.
Thank you for taking the time to communicate your situation to us.